

Dear Applicant,

Your application(s) can only be accepted if it is completed. Please remember to:

1. Answer all questions
2. Sign and date your application

Due to the Department of Housing and Urban Development program guidelines we are asking you to complete the “SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING” form and return to us also.

We must receive verification of age, social security numbers, and have the applicable citizenship information for all members of your household before obtaining residency.

If currently available, please attach the documentation listed below to your application:

1. A copy of your government issued photo identification, Driver’s License or State ID.
2. If you are an eligible non-citizen you may need to provide documentation regarding your citizenship eligibility. Attach any information you currently have to your application. (Examples: an admission number or alien registration card.)
3. Birth certificate or passport.
4. Verification of your social security number. (Examples: Social Security Card, 1099 tax form, or other government accepted form.)

After we receive your application, we will send you an acknowledgement of the date your name was entered onto the wait list(s).

If you have any questions related to the application process, please do not hesitate to contact us at 248-661-1836.

Thank you again for considering Jewish Senior Life Communities to call home!

Follow Us on Social Media!



Application for Residency

Coville Assisted Living Apartments

A. Alfred Taubman Jewish Community Campus, Oak Park

Mail application to: **Coville Assisted Living Apartments**
15100 W. 10 Mile Road
Oak Park, MI 48237 **248-967-4240**

www.jslmi.org
Hearing / Speaking Impaired
TTY# 711

- I need a reasonable accommodation made to complete the application. Yes No

Please indicate what accommodation is needed. _____

Name of Applicant #1 _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ Email _____

Cell Phone (_____) _____ Birth Date _____

Social Security No _____ - _____ - _____

If you have not been issued a Social Security Number, you claim you are exempt because

- You are an ineligible non-citizen
- You were 62 as of 1/31/2010 **and** receiving HUD housing assistance as of 1/31/2010.

- Are you an eligible citizen, eligible non citizen or not contending eligible immigration status? Yes No

Name of Applicant #2 _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ Email _____

Cell Phone (_____) _____ Birth Date _____

Social Security No _____ - _____ - _____

If you have not been issued a Social Security Number, you claim you are exempt because

- You are an ineligible non-citizen
- You were 62 as of 1/31/2010 **and** receiving HUD housing assistance as of 1/31/2010.

- Are you an eligible citizen, eligible non citizen or not contending eligible immigration status? Yes No

- Number of People to live in apartment _____

- Is the head-of-household or co-head/spouse 62 or older? Yes No

- **If the head-of-household or co-head/spouse is not 62 or older**, do you claim eligibility because Yes No
the head-of-household or co-head/spouse is disabled and requires the features of an accessible unit?

- Unit Type Studio 62 and older

To be completed by JSL Staff received via mail in person other _____

Date Received: _____ Time _____ am pm JSL Staff Initials _____

Accessible VLI ELI LI Date added to waitlist _____

Application for Residency Coville Assisted Living Apartments

- Are you or any member of your household, a student enrolled in an institute of higher education? Yes No
- Are you enlisted in the U.S. Military or are you a veteran of the U.S. Military? Yes No
- This property is smoke free. This means smoking is prohibited in the unit, on unit balconies and porches and in all indoor common areas. This includes the hallways, elevators, dining room, etc. Do you understand? Yes No
- Do you agree that you, your guests and service providers hired by you will abide by the Smoke Free Policy? (attached) Yes No
- Do you understand that failure to comply with the Smoke Free Policy will result in termination of your tenancy (eviction)? Yes No
- This property prohibits the use of marijuana (including medical marijuana). The use of marijuana in any form, is illegal under the Controlled Substances Act (CSA) and therefore is an illegal controlled substance under Section 577 of the Quality Housing and Work Responsibility ACT of 1998 (QHWRA). Do you understand? Yes No
- Do you currently use Marijuana, in any form? Yes No
- Do you understand that failure to comply with the Controlled Substances Act (CSA) and Quality Housing and Work Responsibility Act (QHWRA) will result in termination of your tenancy (eviction)? Yes No
- Have you ever been evicted from a property, including but not limited to, a Federally funded housing program for a lease violation including drug use or failure to report a crime? Yes No
If yes, when _____
- Are you or any member of your household subject to any sex offender registration program, including but not limited to lifetime registration? Yes No
- Do you receive Medicare? Yes No Do you receive Medicaid? Yes No
- Do you have any supplemental insurance beyond that of Medicare? Yes No Specify: _____
- Do you have Long Term Care Insurance? Yes No
- Please list ALL of the States in which each household member has lived. _____

- Have you, or anyone in your household, **ever** been convicted of a felony? No Yes
If yes, explain: _____
- Have you, or anyone in your household, **ever** been convicted of a crime pertaining to sexual contact or assault? No Yes
If yes, explain: _____
- Have you, or anyone in your household, been convicted of a felony involving a violation of the Controlled Substance Act within the past ten (10) years? No Yes
If yes, explain: _____
- Are you or any member of your household, currently engaged in the illegal use of drugs? Yes No
- Are you, or any member of your household engaged in alcohol use to a degree that may interfere with the health, safety, or right to peaceful enjoyment of the property or other residents? Yes No
- How did you hear about Coville Assisted Living Apartments? (check all that apply) Friend Family HUD
 Physician or Agency Referral Internet Other _____
 Current JSL resident _____

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Alternate Contact Person

Who is the primary contact? (Please check one) Applicant Alternate Contact

If you have checked alternative contact please provide contact information below.

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ Email _____

Cell Phone (_____) _____ Relationship to applicant _____

INCOME:

Please complete all income sources below. Please add additional sheet to report additional income.

Income	Household Member Name	Name of Source	Amount	Frequency
Social Security/SSI				
Social Security/SSI				
DHS				
DHS				
Public Assistance				
Public Assistance				
Employment				
Self-Employment				
Unemployment				
Recurring Gifts				
Pensions				
Pensions				
IRA/Retirement Pymts				
IRA/Retirement Pymts				
Annuity Payments				
Railroad Pension				
Veteran's Payments				
Rental Income				
Military Benefits				
Alimony				
OTHER:				
OTHER:				

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ASSETS: Please complete all income sources below. Please add additional sheet to report additional income.

Income	Household Member Name	Institution Name	Value	Income From Asset
Checking Acct.				
Savings Acct.				
Money Market				
Certificate of Deposit				
Stock/Bonds				
Mutual Funds				
Real Estate/land				
Burial Plot				
IRA/401 K				
Annuity				
Direct Access Card				
Life Insurance				
Trust Fund				
Cash on Hand				
Savings Bonds				
T-Bills				
OTHER:				

RENTAL HISTORY

- Do you own your home? Yes No
- Are you currently homeless? Yes No
- Have you ever received housing assistance or lived in subsidized housing? Yes No
- Have you provided your current landlord with a 30 day notice? Yes No
- Do you understand you cannot have dual subsidy? Yes No
- Do you currently have a Housing Choice Voucher? Yes No
- Has your housing assistance or subsidy ever been terminated for fraud, non-payment of rent, failure to re-certify, or any other reason? Yes No
- Have you ever been asked to sign a repayment agreement to return money to HUD? Yes No
- Have you been evicted or is your current landlord attempting to evict you or another person living with you? Yes No
- Have you had to use extermination services for pest other than regularly scheduled pest control? (including roaches, bed bugs, rodents etc.) Yes No

CURRENT LANDLORD Name _____

Address _____

City _____ State _____ Zip Code _____

- How long did you live at this address? _____
- Reason for leaving? _____
- Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? (includes roaches, bed bugs, rodents, etc.) Yes No

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PREVIOUS LANDLORD Name _____

Address _____

City _____ State _____ Zip Code _____

- How long did you live at this address? _____
- Reason for leaving? _____
- Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? (includes roaches, bed bugs, rodents, etc.) Yes No

UTILITY PROVIDERS: You may not live in a unit at Coville Assisted Living Apartments unless you can establish utilities in the unit, (if applicable).

- Do you have any current outstanding balances owed to any utility provider? Yes No
- Will you be able to establish utilities in your unit? **Electric** Yes No **Gas** Yes No

PETS & ASSISTANCE/COMPANION ANIMALS: The presence of any animal must be approved before the animal is allowed to be kept in the unit.

- Do you plan to house an animal in the unit? Yes No
If No, please move to the next section. If yes, please provide the following information.
- Animal Type, (i.e. dog, cat, turtle, etc.) _____ Breed (if applicable) _____
- Height (if applicable) _____ Weight _____
- Is this animal required to live in the unit to alleviate the symptoms(s) of a disability for a household member? Yes No
- * Is this animal a companion or service animal? Yes No

If you are disabled and would like to request accommodation or if you have difficulty understanding English, please request our assistance and we will ensure you are provided with meaningful access based on your individual needs. (A translation in the language of the people in the community will be provided).

The person named on the right has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

By law, only U.S. citizens and eligible noncitizens may benefit from federal rental assistance. All family members, regardless of age, must declare their citizenship or immigration status.

Name Michelle Buda
Address 15000 W. 10 Mile Rd.
City, State, Zip Oak Park, MI 48237
Phone - Voice 248-592-1101
Phone - TTY 711

Please check if applicable: (Attach supporting documents for all checked items below.)

- I have a legal Guardian (**Legal Guardian** - appointed by Probate Court to handle personal matters and decision making on behalf of the applicant)
- I have a Durable Power of Attorney (**Durable Power of Attorney** - A legal document that enables an individual to designate another person to act on his/her behalf, in the event the individual becomes disabled or incapacitated)
- I have a Power of Attorney (**Power of Attorney** - An authorization to act on someone else's behalf in a legal or business matter)
- I need translation assistance. Please indicate language. _____

Application for Residency Coville Assisted Living Apartments

APPLICANT'S CERTIFICATION

- I/we understand that failure to complete this application and provide all required documents in its entirety will result in the rejection of this application.
- It is the responsibility of the applicant to notify Coville Assisted Living Apartments of address changes, telephone changes and financial situation changes when they occur. Failure to do so may result in dismissal of the application.
- **I/we understand that it is my/our responsibility in order to maintain our placement on the waiting list that I/we contact the building annually to update the application.**
- I/we am/are aware if for any reason I/we am/are unable to sign the lease within a timely manner, when approved for occupancy, I/we understand that the offer may be forfeited and the unit may be offered to the next person on the waiting list.
- I/we understand that our information will be kept confidential, but may be reviewed by HUD auditor.

By signing this document, I certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility at Coville Assisted Living Apartments. I/we authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law and could result in this application being rejected.

Please attach the following documents to your application:

- A copy of your Social Security Card **or** 1099 tax form **or** other government accepted forms of proof of Social Security number for ALL applicants.
- A copy of your government issued photo identification, Driver's License or State ID.
- DPOA?

All Household members over the age of 18 MUST sign this application or designated representative.

Applicant #1 Printed Name: _____ Date: _____

Signature: _____

Applicant #2 Printed Name: _____ Date: _____

Signature: _____

Coville Assisted Living Apartments, a senior living community, provides equal housing opportunities to all persons regardless of race, color, religion, sex, disability (handicap), familial status, without regard to actual or perceived sexual orientation, gender identity, marital status, national origin, or age.

Penalties for misusing this content: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subjected to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for missing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violations are cited as violations of 42 U.S.C. 408(a) (6), (7) and (8).

Jewish Senior Life and Jewish Apartments & Services, Inc. does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulating implementing Section 504 (24 CFR, Part 8 dated June 2, 1988).

Compliance Coordinator: Michelle Buda
15000 W. 10 Mile Road, Oak Park, MI 48237
Ph. 248-592-1101 TTY# 711

If you are disabled and wish to request a reasonable accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

Если вы имеете инвалидность и просите ,чтобы на основании этого были сделаны какие-либо изменения в квартире, или вам нужен перевод с английского, обратитесь к нам, и мы обеспечим доступ к этим услугам основываясь на ваших индивидуальных нуждах

Si usted está incapacitado y desea solicitar un alojamiento razonable o si tiene dificultad para entender el inglés, por favor solicite nuestra asistencia y nos aseguraremos de que le proporcionen un acceso significativo basado en sus necesidades individuales.